

FILED FEB 11 1942
Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days
(Specify whether years, months or days)
In this community 20 Years

3. (a) PRINT FULL NAME Mrs. Nancy Reid

3. (b) If veteran, name was No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Lunsford Reid 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased September 29 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 3 23 hr. min.

9. Birthplace Macafel Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER { 12. Name Joseph Driskell
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Armstrong
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mary L. Reid
(b) Address 3524 Park
17. (a) Burial (b) Date thereof Jan. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit, Missouri
18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 1-24-42 (b) J. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3524 Park Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd
year 1942 hour ----- minute ----- P. M.

21. I hereby certify that I attended the deceased from 7939
19. to 1-22 19. 42
that I last saw him alive on 1-22 19. 42
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
left Duration -----

Due to Coronary thrombosis

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations above

Of autopsy above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----
(b) Date of occurrence -----
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (a) Means of injury -----
While at work? -----
23. Signature Dr. J. M. Brown (M. D. or other)
Address 221 Park Ave Date signed 1/24/42

Mr. Donald R. Black
924 Prof. Bldg.
1st St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address. K-e mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.